NC DEPARTMENT OF HEALTH & HUMAN SERVICES
POST-PAYMENT REVIEW
2007

Reviewer Guidelines

- **REMEMBER: This is a Clinical Review, not a Medicaid audit.**
    - o **Consideration is to be given to the clinical content in order to make the determination of appropriateness and intensity of the CS service delivered.**
    - o **Items that may be noted as "out of compliance" with Medicaid rules may be found, but should be noted elsewhere in the event a record audit is recommended as a result of this review.**
    - o **Base responses to each Consideration only on the clinical information presented for review.**

- **Review the paid claims data for each record to ensure that the service notes reviewed reflect those paid claims.**

- **For each record identified in the LME sample, review the PCP/THP that was in effect during the dates of service under review, and supporting documentation, to respond to each of the Considerations a-m on the review tool.**

- **Attach copies of all documentation reviewed that was used to make the determination(s).**

- **In the Comments section of the tool, provide a concise explanation of why Determinations were made.**

- **Rate each of the Considerations a-m as "Yes" or "No", each of the Clinical Determinations 1-4 as "Yes" or "No" and each of the Administrative Responses as "Yes" or "N/A" using the following guidelines:**

CONSIDERATIONS

a. Review the diagnostic information available in the record (a formal Diagnostic Assessment is *not required* for purposes of this Clinical Review), including any existing diagnostic assessment and/or any other assessment documents to determine if the assessment accurately supports the clinical diagnosis.
    1. If there is only a DD diagnosis (multiple diagnoses, i.e., MH/DD, SA/DD, MH/SA/DD are acceptable), refer this record to DMA. *See Automatic Referral to DMA information below.*
        i. For Adults, before referral to DMA, check to see if there is evidence of a second diagnosis (MH/SA) somewhere in the record. If there is a second diagnosis found, review this record per these guidelines.

        ii. For Children, before referral to DMA, check record documentation to see if there was an EPSDT referral and approval for CS Child services. If there is an approved EPSDT determination, review this record per these guidelines.

b. Review assessment and diagnosis information on the Summary of Assessments and Observations page of the PCP, or where found in the THP.
1. You do not need to determine if the service plan is on the correct form (PCP or THP) for this Clinical Review.
2. Determine if the service plan reflects the information found in the actual assessment documentation. .
3. Did recommended consultations take place?
4. Were recommended consultations related to a clinically accurate diagnosis and to the actual assessment documentation?

c. Review the recommendations made on the Summary of Assessments and Observations page of the PCP, or in treatment team notes for a THP to determine if they reflect/flow from the diagnostic information previously reviewed.

d. Review the symptoms/observations listed on the Summary of Assessments and Observations page of the PCP or in assessment information for a THP:
1. Are they actual symptoms/observations (i.e., "is withdrawn", "is suspicious of people she doesn't know", "destroys property", "is overly trusting", etc.), rather than a restatement of the diagnosis?
2. Do the symptoms/observation relate to the diagnoses?

e. To determine if the person participated in the development of the plan and agreed to it:
1. Review the Personal and Family interview sections of the PCP.
2. Review the Signature page of the PCP/THP and/or revisions.
3. For a child, look for participation and agreement of the parent or legally responsible party.
4. For an adult who is not his/her own guardian, look for participation and agreement of the legally responsible party.
5. For anyone, also look for family participation, if family members were identified by the person whose plan it is.
6. You do not need to determine if the signatures were dated in an appropriate manner for this Clinical Review.

f. Review the goal statements in the PCP/THP
1. If the PCP was used, is there a symptom/observation listed with each goal?
2. If not, or if reviewing a THP, is the symptom/observation evident in the goal statement or intervention?
3. Symptoms and observations documented need to have a direct relationship with the goals developed in the service plan.

g. Review the Personal and Family interview sections in the PCP for comparison to the goal statements to determine if the "What's Important" information is reflected in the goals.
1. In a PCP, particularly reference the "Preferences" and "Supports" sections of the interviews for information on "what's important".

2. If reviewing a THP, refer to any information found in admission assessments, NCTOPPS, etc that would indicate "what's important" to the individual/family.

h. Review the goal statement in the PCP/THP against the appropriate CS Service Definition (Child/Adult/Team) to determine if the goals reflect the Community Support service definition.
   1. Adult – Do the goal statements and supporting interventions in the service plan reflect one-on-one interventions with the community to develop interpersonal and community coping skills, including adaptation to home, school, and work environments?
      i. Look for measurable interventions related to skill building
      ii. Look beyond the goal of the skill, i.e. beyond "going grocery shopping" to documentation of what skills were being worked on while grocery shopping, in order to empower the individual to learn the skills.
      iii. Skill building needs to be geared toward teaching/assisting the individual to become independent in the skill.
   2. Child – Do the goal statements and supporting interventions in the service plan reflect one-on-one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments?
      i. Pay close attention to CS provided in schools. It needs to be more than sitting next to a child to deter inappropriate behavior.
      ii. What is the CS provider doing to assist the child in developing internal controls?
      iii. Has the CS QP provider participated in the IEP process?
      iv. Does the CS QP provider spend time with the teacher to determine appropriate responses to behavior, etc?
      v. Overall goals are to develop independence and autonomy.
   3. QP Functions – If the service note reviewed reflects a QP function, one or some of these activities should be evident in the note:
      i. Coordination and oversight of initial and ongoing assessment activities
      ii. Initial development and ongoing revision of the PCP/THP
      iii. Monitoring of the implementation of the PCP/THP
      iv. Additional case management functions of linking, arranging for services and referrals (see 2. iii & iv above).

i. Review the Crisis Plan in the PCP/THP,
   1. Do the symptoms listed make sense with those indicated in assessments and treatment goals?
   2. Do the strategies listed relate to the overall level and intensity of CS treatment provided?

j. Review a sample of service notes over the time period indicated to determine if they relate to diagnostic information previously reviewed.

k. Review a sample of service notes over the time period indicated to determine if they reflect the specific treatment goals in the PCP/THP.

l. Review the PCP/THP and a sample of service notes over the time period indicated to determine if the intensity (frequency and duration) of CS provided matches with services billed (paid claims).
   1. Determine how many hours/units per service event are listed in the PCP/THP.

2. Determine how many hours/units per service event are documented in the service notes reviewed.

m. Review a sample of service notes over the time period indicated against the appropriate CS Service Definition (Child/Adult/Team) to determine if the notes reflect the Community Support Service Definition. Review the service note and determine if the intervention is a direct service to the individual. If so, review the note based on the following criteria for CS Adult or CS Child, as applicable:
1. Adult – Does the service note reflect one-on-one interventions with the community to develop interpersonal and community coping skills, including adaptation to home, school, and work environments?
   i. Look for measurable interventions related to skill building
   ii. Look beyond the goal of the skill, i.e. beyond "going grocery shopping" to documentation of what skills were being worked on while grocery shopping, in order to empower the individual to learn the skills.
   iii. Skill building needs to be geared toward teaching/assisting the individual to become independent in the skill.
2. Child – Does the service note reflect one-on-one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments?
   i. Pay close attention to CS provided in schools. It needs to be more than sitting next to a child to deter inappropriate behavior.
   ii. What is the CS provider doing to assist the child in developing internal controls?
   iii. Has the CS provider participated in the IEP process?
   iv. Does the CS provider spend time with the teacher to determine appropriate responses to behavior, etc?
   v. Overall goals are to develop independence and autonomy.

CLINICAL DETERMINATIONS

Clinical Determination #1

1. Based on the 13 considerations, if it is determined that the CS services, treatment and interventions described in the plan, and the treatment described in the service notes is clinically necessary, **rate Clinical Determination 1 as "Yes".**

2. Based on the 13 considerations, if it is determined that the CS services, treatment and interventions described in the plan, and the treatment described in the service notes is **NOT** clinically necessary, **rate Clinical Determination 1 as "No".**

3. Based on the 13 considerations, determine if this person would be better served by access to more intensive services than Community Support, or in addition to Community Support at the current or an adjusted level.
   a. Review the full range of service definitions available. All Medicaid services, not just enhanced services, may be considered.
   b. Examples of indications that more intensive services are needed include, but are not limited to:

      i.   A person presents with major substance abuse issues, but no substance abuse services are being offered or received.

     ii.   A child presents with severe issues of authority or aggression in his/her home, but Intensive In-Home Services are not offered or received.

   iii.   An adult presents with issues related to budgeting in order to live independently and coping with the daily stress of finding and maintaining work, but PSR services are not offered or received.

   iv.   A person presents with frequent suicidal ideation and frequent hospitalizations yet his/her goals relate only to community based activities and in-home chores and no referral for ACTT or Mobile Crisis Services is evident.

4. Based on the 13 considerations, determine if this person would be better served by fewer hours of Community Support and/or less intensive services than Community Support.
   a. Review the full range of service definitions available.
   b. Examples of indications that fewer hours of CS and/or less intensive services are needed include, but are not limited to:
      i.   A child with an ADHD diagnosis presents as having trouble paying attention and completing assigned tasks receives 6-8 hrs/day of CS in school.
      ii.   A person whose PCP/THP indicates mental health issues but whose service notes relate only to completing chores or assisting with personal care receives 6-8 hrs/day of CS.
      iii.   A person whose treatment goals reflect participating in community activities, maintaining a healthy weight, and going to school for a GED receives 6-8 hrs/day of CS.

5. If it is determined that **CS is NOT clinically necessary**, but that alternate services should be considered for this individual, list the recommended services in **Clinical Determination 1a.**

6. If it is determined that **CS IS clinically necessary**, yet additional services should be considered for this individual, list the recommended services in **Clinical Determination 1b.**

Clinical Determination #2

1. Based on the 13 considerations, if it is determined that the frequency and duration (intensity) of the clinically necessary CS is appropriate, **rate Clinical Determination 2 as "Yes".**

2. Based on the 13 considerations, if it is determined that the frequency and duration (intensity) of the clinically necessary CS is **NOT** appropriate, **rate Clinical Determination 2 as "No".**

3. If it is determined that an alternate frequency and duration of CS services should be considered for this individual, list the recommendation in **Clinical Determination 2a.**

Remember:
- **Attach copies of all documentation reviewed that was used to make the determination(s).**
- **In the Comments section of the tool, provide a concise explanation of why Determinations were made.**

ADMINISTRATIVE RESPONSE

When the Clinical Determinations have been completed, forward this document to the identified LME Unit (i.e. Provider Relations) to determine the Administrative Response.

1. Based on the Clinical Determination made above, the supporting documentation and comments made by the reviewer on the review tool, determine which one or more of the 4 Administrative Responses is appropriate. You may choose more than one response.

2. Use the attached Algorithm for guidance in making these determinations.

3. If it is determined that the PCP/THP and treatment choices need additional review by LME staff to determine appropriateness, **rate Administrative Response 1 as "Yes".**

4. If it is determined that training in regard to the use of CS services or any other areas related to Considerations a-m is needed, **rate Administrative Response 2 as "Yes".**
    *   Examples of training needed may include, but is not limited to:
        1. Diagnostic Assessment
        2. Community Support Services definition
        3. PCP completion
        4. Writing goals
        5. Person-Centered Thinking
        6. Medicaid billable services
    *   In the comments section of the review tool, **be specific about the type of training recommended.**

5. If it is determined that the issues uncovered during this review are beyond the scope of further review or training but warrant a Medicaid paid claims audit, **rate Administrative Response 3 as "Yes".**

6. If it is determined that the issues uncovered during this review are beyond the scope of further review, training and/or a Medicaid paid claims audit, and referral to DMA for further review and investigation is warranted, **rate Administrative Response 4 as "Yes".**

7. **Use the rating "NA" for any Administrative Responses that don't apply.** For example, if it is determined that both an additional review of treatment options *and* training on CS is needed, ratings in the Determinations sections would look like this:
    *   **1 = Yes**
    *   **2 = Yes**
    *   **3 = NA**
    *   **4 = NA**

AUTOMATIC REFFERAL TO DMA

- Only a DD diagnosis is present
    - For Adults, before referral to DMA, check to see if there is evidence of a second diagnosis (MH/SA) somewhere in the record. If there is a second diagnosis found, review this record per these guidelines.
    - For Children, before referral to DMA, check record documentation to see if there was an EPSDT referral and approval for CS Child services. If there is an approved EPSDT determination, review this record per these guidelines.

- No PCP/THP present

- Service notes are not individualized:
    - Xeroxed notes – dates whited out and notes copied with new dates and signatures inserted for the same or multiple individuals served.
    - "Canned" – same notes written day after day (although not Xeroxed) for the same or multiple individuals served. Refer this to DMA only if a majority of the notes are duplicated in this way, otherwise refer for a paid claims audit.